

Electronic Patent Application Fee Transmittal**Application Number:**

10669925

Filing Date:

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Title of Invention:

Anti-HLA assay and methods

First Named Inventor/Applicant Name:

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Filer:

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Attorney Docket Number:

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Utility under 35 USC 111(a) Filing Fees**Description****Fee Code****Quantity****Amount****Sub-Total in
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Extension - 3 months with \$0 paid

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Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Miscellaneous:				
Total in USD (\$)				555